

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9069**
Registrar's No. **2552**

Registration District No. **781**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3031 Whittier St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **Birth**
years, months or days)

3. (a) PRINT FULL NAME **Frank B. Cole**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maggie M Cole nee Bohan** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **March 29, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **6** **7** **11** **15** hr. min.

9. Birthplace **Poukepsse N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)
14. Maiden name **Phoebe White**
15. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Maggie M Cole**

(b) Address **3031 Whittier St.**

17. (a) **Burial** (b) Date thereof **3/18/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **MAR 18 1940** (b) **J. B. [Signature]**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3031 Whittier St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15th**
year **1940** hour **5:20 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **March 7,**
19 **38**, to **March 15,** 19 **40**

that I last saw him alive on **Mar 14**, 19 **40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**

Due to **arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **John [Signature]** (M. D. or other) **M.D.**

Address **7705 University** Date signed **3/16/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.